

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10810830 FILING DATE 03-29-04  
 APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		2				
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TOTAL IND.	2					
TOTAL DEP.	16					
TOTAL CLAIMS	18					

	IND	DEP	IND	DEP	IND	DEP
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